



The Society of University Dental Instructors

A Learned Society for Teachers/Researchers in Dental Technology

Application for Membership

Please print clearly in block capitals

Name of applicant: _____

Home Address: _____

Town/City: _____

Postcode: _____

Telephone: _____

Email: _____

GDC Registration Number: _____

Employer: _____

Current Post: _____

Employer Address: _____

Town/City: _____

Postcode: _____

Telephone: _____

Email: _____

Qualifications

Qualifications held (including awarding body & dates):

Application Proposed by: 1. _____ SUDI Membership Number: _____

2. _____ SUDI Membership Number: _____

Signature of Applicant: _____ Date: _____

Send Completed Form to including current registration fee to:

Mr Robert McKerlie
SUDI Membership Secretary
Glasgow Dental School
378 Sauchiehall Street
Glasgow, G2 3JZ

*Unfortunately payments can only be accepted in **Pounds Sterling***

Payment Method: Cheque (Please make cheques payable to: **Society of University Dental Instructors**)